

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Dietetic Association Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW, Suite 48

Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00143560

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2009

through

04

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

M. Stephanie Patrick

Signature of Treasurer

Electronically Filed by M. Stephanie Patrick

Date

05

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 3 | 0 | 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2009 | | 47007.74 |
| (b) Cash on Hand at Beginning of Reporting Period | 66981.49 | |
| (c) Total Receipts (from Line 19) | 67156.00 | 175064.43 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 134137.49 | 222072.17 |
| 7. Total Disbursements (from Line 31) | 53234.55 | 141169.23 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 80902.94 | 80902.94 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 9

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 7983.00 | 24769.76 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 59173.00 | 150294.67 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 67156.00 | 175064.43 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡ | 67156.00 | 175064.43 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 67156.00 | 175064.43 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 67156.00 | 175064.43 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 34984.55 | 69169.23 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 34984.55 | 69169.23 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 18250.00 | 72000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 53234.55 | 141169.23 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 53234.55 | 141169.23 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 67156.00 | 175064.43 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 67156.00 | 175064.43 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 34984.55 | 69169.23 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 34984.55 | 69169.23 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Veronica S Babin

Mailing Address 119 Green Oaks Dr

City

Lafayette

State

LA

Zip Code

70503-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 90417.C96650

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Donna Smith Becker

Mailing Address 502 W Kingsley Dr

City

Arlington Height

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donna Becker Consulting
INC

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 90417.C96660

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Linda S Bell

Mailing Address 59 Tumblebrook Rd

City

Woodbridge

State

CT

Zip Code

06525-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale University

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 90417.C96709

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jessie S Brewer

Mailing Address 9340 Sumac Ln

City

San Antonio

State

TX

Zip Code

78266-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: 90417.C96983

Amount of Each Receipt this Period

52.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jessie S Brewer

Mailing Address 9340 Sumac Ln

City

San Antonio

State

TX

Zip Code

78266-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 9

Transaction ID: 90518.C98187

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Charlene D Compher

Mailing Address 2114 Appletree Street

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 90417.C96653

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

452.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sonja L Connor

Mailing Address Oregon Health & Science University
3181 Sw Sam Jackson Park Rd

City State Zip Code
Portland OR 97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Health & Science
Univ

Occupation
Research Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 9

Transaction ID: 90518.C98314

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Joyce Y Ezaki-yamaguchi

Mailing Address 1475 W Morris Ave

City State Zip Code
Fresno CA 93711-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 9

Transaction ID: 90518.C98191

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marion J Franz

Mailing Address 6635 Limerick Dr

City State Zip Code
Minneapolis MN 55439-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRIVATE PRACTICE

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 90417.C96676

Amount of Each Receipt this Period

52.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marion J Franz

Mailing Address 6635 Limerick Dr

City

Minneapolis

State

MN

Zip Code

55439-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRIVATE PRACTICE

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90518.C97369

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mary P Fuhrman

Mailing Address 1932 Prospector Ridge Dr

City

Ballwin

State

MO

Zip Code

63011-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation
Chair of Dietetics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 9

Transaction ID: 90518.C98242

Amount of Each Receipt this Period

60.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jane Geders

Mailing Address 1 Cold Spring Ct

City

Mount Kisco

State

NY

Zip Code

10549-4752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Medical Group

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 90417.C96639

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lois L Good

Mailing Address Apt 175

4141 S Braeswood Blvd

City

Houston

State

TX

Zip Code

77025-3357

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: 90518.C97158

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Susan G Kazen

Mailing Address 432 Ridgemont Ave

City

San Antonio

State

TX

Zip Code

78209-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alamo Community College

Occupation
ASST PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90518.C97361

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Paula Krzywicki

Mailing Address Apt 310

105 Lowell Rd

City

North Reading

State

MA

Zip Code

01864-1678

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A @ PRESENT

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 90417.C96789

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Theresa A Kuracina

Mailing Address 200 Diers Rd Nw

City

Albuquerque

State

NM

Zip Code

87114-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albuquerque Indian Health
Ctr

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 90518.C98007

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ellen B Lenk

Mailing Address 12 Hollow Glen Ln

City

Tomball

State

TX

Zip Code

77375-8302

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A @ PRESENT

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: 90518.C97629

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

B Thomas Malone

Mailing Address 26315 Reyglen Dr

City

San Antonio

State

TX

Zip Code

78255-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
SO. TX. VA Health care sy-
stem

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: 90518.C97577

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patricia A Mcknight

Mailing Address 322 Naiche Ct

City

Columbus

State

OH

Zip Code

43213-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Carmel College of Nur-
sing

Occupation

Adjunct Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 90417.C96741

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Barbara E Millen

Mailing Address 438 Gay St

City

Westwood

State

MA

Zip Code

02090-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston University

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 9

Transaction ID: 90518.C98144

Amount of Each Receipt this Period

52.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stephanie Patrick

Mailing Address Ste 480
1120 Connecticut Ave Nw

City

Washington

State

DC

Zip Code

20036-3989

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Dietetic Associa-
tion

Occupation

Vice President, Gov. Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 90518.C97810

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

202.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jessie M Pavlinac

Mailing Address 13147 Century Dr

City

Oregon City

State

OR

Zip Code

97045-6700

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A @ PRESENT

Occupation

Clinical Nutrition Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 9

Transaction ID: 90518.C98186

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Susan A Quimby

Mailing Address 3 Hyde Street

City

Portland

State

ME

Zip Code

04103-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nutrition Works, LLC

Occupation

RD

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 90518.C97811

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Judith C Rodriguez

Mailing Address 4552 Shiloh Mill Blvd

City

Jacksonville

State

FL

Zip Code

32246

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNF

Occupation

Associate Professor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: 90518.C97657

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marie H Ross

Mailing Address Apt 102

1169 S Plymouth Ct

City

Chicago

State

IL

Zip Code

60605-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A @ PRESENT

Occupation

N/A

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

119.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 90518.C97544

Amount of Each Receipt this Period

119.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marie H Ross

Mailing Address Apt 102

1169 S Plymouth Ct

City

Chicago

State

IL

Zip Code

60605-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A @ PRESENT

Occupation

N/A

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 90518.C97549

Amount of Each Receipt this Period

46.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marie H Ross

Mailing Address Apt 102

1169 S Plymouth Ct

City

Chicago

State

IL

Zip Code

60605-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A @ PRESENT

Occupation

N/A

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 90518.C97543

Amount of Each Receipt this Period

125.00

Receipt

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kristen W Schroeder

Mailing Address 19461 SE 322nd St

City

Kent

State

WA

Zip Code

98042-9712

FEC ID number of contributing
federal political committee.

C

Name of Employer
SWEDISH MEDICAL CTR

Occupation

Director Of Nutrition Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: 90417.C97013

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mary Lou South

Mailing Address 120 Fey Dr

City

Burlingame

State

CA

Zip Code

94010-6027

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 90518.C97555

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ruth W St John

Mailing Address 2220 Franciscan Dr

City

West Lafayette

State

IN

Zip Code

47906-4566

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 90518.C98001

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth R Thompson

Mailing Address 4896 Valdina Way

City

San Diego

State

CA

Zip Code

92124-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Specialty Health

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 90417.C96809

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Patricia B Urbanski

Mailing Address 1320 Harner Ln

City

Cloquet

State

MN

Zip Code

55720-2973

FEC ID number of contributing
federal political committee.

C

Name of Employer
DFPC

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 90417.C96724

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mary N Van Brussel Kendall

Mailing Address 2600 Whaley Ave

City

Pensacola

State

FL

Zip Code

32503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobile Nutrition Associat-
es

Occupation
Nutrition Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 90518.C97547

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer A Weber

Mailing Address 4819 1st St S

City

Arlington

State

VA

Zip Code

22204-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Dietetic Associa-
tion

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 90417.C96814

Amount of Each Receipt this Period

225.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jane V White

Mailing Address 10710 Eagle Glenn Dr

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF TENNESSEE

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: 90417.C96973

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Nonie A Woolf

Mailing Address Po Box 1752

City

Browning

State

MT

Zip Code

59417-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indian Health Service

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: 90518.C97162

Amount of Each Receipt this Period

52.00

Receipt

SUBTOTAL of Receipts This Page (optional)

377.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 23

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elisa S Zied

Mailing Address 124 E 79th Street
5 DCity State Zip Code
New York NY 10075FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
Nutrition Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 90417.C96698

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

7983.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 23

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Printing & Copying Huff | Transaction ID: 90417.E2047 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1100 17th St NW | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 0 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 0 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20036-4609 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement ADA PAC stationary supplies Candidate Name | <table border="1"> <tr> <td colspan="10">812.18</td> </tr> </table> | 812.18 | | | | | | | | | | | | | | | | | | | |
| 812.18 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| ADA PAC STATIONARY SUPPLIES | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Printing & Copying Huff | Transaction ID: 90518.E2061 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1100 17th St NW | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 8 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20036-4609 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement ADAPAC stationary supplies Candidate Name | <table border="1"> <tr> <td colspan="10">392.34</td> </tr> </table> | 392.34 | | | | | | | | | | | | | | | | | | | |
| 392.34 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| ADAPAC STATIONARY SUPPLIES | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Membership Marketing Services, Inc. | Transaction ID: 90518.E2059 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Attn. Fran Carille 1280 Perimeter Parkway | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 8 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Virginia Beach State VA Zip Code 23454-5689 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement ADAPAC fundraising expenses Candidate Name | <table border="1"> <tr> <td colspan="10">30047.05</td> </tr> </table> | 30047.05 | | | | | | | | | | | | | | | | | | | |
| 30047.05 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| ADAPAC FUNDRAISING EXPENSES | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

31251.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Membership Marketing Services, Inc.

Mailing Address Attn. Fran Carille
1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454-5689

Purpose of Disbursement
ADAPAC Fundraising expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90518.E2060

Date of Disbursement

04 / 28 / 2009

Amount of Each Disbursement this Period

3364.40

ADAPAC FUNDRAISING EXPENSES

B.

Full Name (Last, First, Middle Initial)

U.S. Postal Service

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5308

Purpose of Disbursement
ADAPAC Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90417.E2050

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

210.00

ADAPAC EXPENSES

SUBTOTAL of Disbursements This Page (optional)

3574.40

TOTAL This Period (last page this line number only)

34825.97

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 23

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Congresswoman Tammy Baldwin

Mailing Address TAMMY BALDWIN FOR CONGRESS
P O Box 696

City Madison State WI Zip Code 53701-

Purpose of Disbursement
REP. TAMMY BALDWIN (D-WI)

Candidate Name
TAMMY BALDWIN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Transaction ID: 90518.E2057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

REP. TAMMY BALDWIN (D-WI)

B. Full Name (Last, First, Middle Initial)
Congresswoman Lois Capps

Mailing Address FRIENDS OF LOIS CAPPS
P.O. Box 23940

City Santa Barbara State CA Zip Code 93121-

Purpose of Disbursement
REP. LOIS CAPPS (D-CA-23)

Candidate Name
LOIS G CAPPS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 90518.E2054

Date of Disbursement

/ /

Amount of Each Disbursement this Period

REP. LOIS CAPPS (D-CA-23)

C. Full Name (Last, First, Middle Initial)
Next Century Fund

Mailing Address 116 S Royal St

City Alexandria State VA Zip Code 22314-3328

Purpose of Disbursement
SEN. BURR (R-NC) LEADERSHIP FUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90417.E2045

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SEN. BURR (R-NC) LEADERSHIP FUND

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Senator Charles E. Grassley

Mailing Address GRASSLEY COMMITTEE
PO Box 1000

City Des Moines State IA Zip Code 50304-

Purpose of Disbursement
SEN. CHARLES GRASSLEY

Candidate Name
CHARLES E GRASSLEY

Office Sought: ☐ House
☒ Senate
☐ President

State: IA District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90518.E2052

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

2000.00

SEN. CHARLES GRASSLEY

B.

Full Name (Last, First, Middle Initial)

Congressman Gene Green

Mailing Address THE GENE GREEN CONGRESSIONAL CAMPA
PO Box 16128

City Houston State TX Zip Code 77222-

Purpose of Disbursement
REP. GENE GREEN (D-TX)

Candidate Name
RAYMOND E. GREEN

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 29

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90518.E2056

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

REP. GENE GREEN (D-TX)

C.

Full Name (Last, First, Middle Initial)

Friends of Dave Reichert

Mailing Address P.O. Box 53322

City Bellevue State WA Zip Code 98015-

Purpose of Disbursement
REP. DAVE REICHERT (R-WA-8)

Candidate Name
DAVE REICHERT

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 08

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90420.E2051

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

1250.00

REP. DAVE REICHERT (R-WA-8)

SUBTOTAL of Disbursements This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 / 23

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Schumer

Mailing Address 1551 East 23rd Street

City
BrooklynState
NYZip Code
11210-Purpose of Disbursement
SEN. CHARLES SCHUMER (D-NY)Candidate Name
CHARLES E SCHUMERCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 00

Transaction ID: 90417.E2046

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 2 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

5000.00

SEN. CHARLES SCHUMER (D-N-Y)

B.

Full Name (Last, First, Middle Initial)

Rep. Allyson Schwartz

Mailing Address P.O. Box 2282

City
JenkintownState
PAZip Code
19046-Purpose of Disbursement
REP. ALLYSON SCHWARTZ (D-PA)Candidate Name
ALLYSON Y. SCHWARTZCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 90518.E2055

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 0 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

1000.00

REP. ALLYSON SCHWARTZ (D-PA)

C.

Full Name (Last, First, Middle Initial)

Senator Ron Wyden

Mailing Address WYDEN FOR SENATE
P.O. Box 3498City
PortlandState
ORZip Code
97208-Purpose of Disbursement
SEN. RON WYDEN (D-OR)Candidate Name
RONALD LEE WYDENCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: 90417.E2044

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 2 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

1000.00

SEN. RON WYDEN (D-OR)

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

18250.00